

EXHIBIT D

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Linden Dillin, M.D.

817 335-2580

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32244 BRITTAIN, James Christopher

James Christopher Brittain

2110 NFM 225

Douglass, Texas 75943 ▲

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060111 Initial Office Visit: James is a very pleasant 19 year old gentleman who suffered an injury to his left knee in a motor vehicle accident in mid-May of 2003. He is not exactly sure of the date. The date on the police report was 05/09/03. He was riding in a Ford Escort driven by a friend of his. He tells me that he was riding in the front passenger seat and is not exactly sure what happened. The vehicle flipped several times and he remembers waking up in the woods. He was taken to the hospital and stayed in the hospital 3 days and was initially managed with a brace. He is not sure what studies were done. He was eventually discharged from his orthopedic surgeon's care although he was still having discomfort in his left knee. He has continued throughout this time to have discomfort in the knee with a sense of popping or catching in the back of the knee and relatively diffuse pain elsewhere in the knee. This bothers him whenever he is vigorous with his knee such as when trying to jog or play sports, etc.

EXAMINATION: On exam there is full range of motion. He does not have ligamentous instability nor is there swelling or warmth. Valgus and Q angles are grossly normal. There is discomfort with patellofemoral manipulation and there is posteromedial knee joint tenderness. There does not appear to be much in the way of posterolateral joint line tenderness. Again, there is no ligamentous instability.

There is a positive McMurry's test.

XRAYS: Five views of the left and three of the right knee are benign for relevant osseous abnormalities.

ASSESSMENT: Chronic left knee pain in a 19 year old male following an injury that could have caused substantial problems inside the knee joint.

The next step in the appropriate management of this problem is MR arthrography of the left knee and left knee arthroscopy. It is medically probable that the pathology that would be encountered would be patellar or patellofemoral chondral tearing, chondral tearing of the weightbearing components or a posterior horn meniscus tear on either the medial or lateral side of the knee. It is hoped that MR arthrography will provide better insight into the specific diagnoses that are likely. However, MR arthrography is not definitive and diagnostic arthroscopy is much more reliable to determine whether arthroscopic surgery needs to be performed. In order to minimize the risk of anesthesia and local orthopedic risks diagnostic arthroscopy and surgical arthroscopy are commonly combined in a single procedure. In other words, the definitive diagnostic test and the surgical management of the problem are handled at the same operative sitting.

It is important to note that prior to the injury that the patient reported he had not had problems with his left knee. He had never seen a physician for left knee problems and could play sports and run without any problems. With respect to the costs that are likely to be incurred with diagnostic evaluation and surgical management of James' left knee the following apply:

The current cost of MR arthrography is approximately \$2,500.00

With respect to left knee arthroscopy the expected costs would be as follows:

Facility:	\$ 6,000.00
Surgeon:	3,000.00
Anesthesiologist:	1,500.00
Rehabilitation:	<u>6,000.00</u>
	\$16,500.00

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LD/kep

060113 Additional Dr.'s Notes: In review of my office note of 01/11/06 the following information should clarify a couple of points. First, the chronic left knee pain that I indicated was due to "an injury" under my assessment is due solely to the motor vehicle roll over accident that he was a victim of in mid-May of 2003. The pathology that I believe is responsible for his current symptoms, all due to the motor vehicle accident I alluded to above, would be patellar or patellofemoral chondral tearing, chondral tearing of the weightbearing compartments of the knee, or posterior horn meniscus tear on either the medial or lateral side of the knee.

Furthermore, the cost estimates that I provided were for the diagnostic evaluation and surgical management of his left knee problem.

Finally, my opinions as stated in both this and his prior office visit of 01/11/06 are based on my experience, education, and training as a board certified orthopedic surgeon with fellowship training and subspecialization in arthroscopy of major joints including the knee, and are based upon reasonable medical probability. The estimated expenses are reasonable in Tarrant County and are medically necessary for treatment of the left knee injury that James suffered caused solely by the motor vehicle roll over accident of May 9, 2003. I have discussed the results which could be obtained as well as the possible complications from performing these procedures with James. My understanding is that he does wish to proceed with treatment and is making the necessary arrangements and will be in touch with the office for further evaluation and treatment. LD/kep

Prescriptions: